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ABSTRACT

Sexual abuse of children has been recognized as a major problem. Attempts have been made to elicit descriptions of the abuse of children. A variety of interview methods for obtaining descriptions have been used. Methods of interviewing depend on the age of the child, the purpose of the interview, and the training and philosophy of the interviewer. Children over 12 years of age usually are capable of disclosing abuse verbally. The use of fantasy play and of structured play, using dolls, are most important in interviewing children under the age of 5 years. The use of play materials lends itself to the re-enactment of the abusive experience, and is a more reliable and natural method of interviewing young children. An advantage to using Anatomically Correct Dolls (ACDs) is that children can provide their own names for body parts and demonstrate exact behaviors in which they have participated. This elicits accurate recall without contaminating the interview with too many leading questions. The primary disadvantage is that most interviewers have little or no training in the use of the dolls, and have limited knowledge of child development and child behavior. Additional disadvantages stem from possible exposure of children to adult videos and adult cable television media. It is difficult to determine whether a child's knowledge about sex is gained from experience or other sources. (LLL)

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Anatomically Correct Dolls: Use
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Abstract

Several methods of interviewing children suspected to be victims of sexual abuse have arisen due to the recent recognition of the extent and implications of such abuse. The most used interview methods are structured verbal interviews; fantasy play; and structured play, which uses dolls--usually anatomically correct dolls (ACDs). The structured play interview is particularly effective with children under the age of 5 years. This paper reports the advantages and disadvantages of using ACDs, limitations of current interview methods using ACDs, and the need for additional research to substantiate their usefulness in alleged child sexual abuse cases.

Anatomically Correct Dolls: Use in Suspected Child Sexual Abuse Interviews

Sexual abuse of children recently has been recognized as a major problem in the United States. This recognition is the result of increased reporting by persons who have reason to suspect that it has occurred with a particular child, by children who self-disclose, and by adults who have reported that they were sexually abused as children (Glaser & Collins, 1989). Since such abuse is illegal and is considered to cause physical and emotional trauma to children, law enforcement officials, child protective services workers, physicians, and mental health workers have attempted to find methods to elicit descriptions of the abuse from children in order to (a) obtain a first-time disclosure; (b) review an earlier disclosure in an attempt to confirm suspected further abuse; (c) clarify "the degree of possible risk to a child, with a view to child protection measures" (Bentovim, Elton, Hildebrand, Tranter, & Vizard, 1988, p. 91); (d) gather evidence for criminal proceedings; and (e) assess the therapeutic needs of a sexually abused child (Bentovim et al.).

Interview Methods

A variety of interview methods for obtaining descriptions of the abuse are used. Since evidence of physical trauma is found in only 25% to 30% of child abuse victims (Haugaard &

Reppucci, 1988; White, Strom, Santilli, & Halpin, 1986), confirming information must be obtained by means other than a physical examination. Among the interview methods are structured verbal interviews; fantasy play, which uses a range of play materials such as "puppets, doll houses, telephones, . . . playdough, paints, and crayons" (Boat & Everson, 1988a, p. 338); and structured play, which uses dolls (Bentovim et al., 1988). Methods other than, or in addition to, structured verbal interviews are necessary "to assist in circumventing cognitive, linguistic, and emotional limitations characteristic of young children (August & Forman, 1989, p. 40) and to allay fear and inhibition in talking about such abuse by both younger and older children (Bentovim et al.; Shamroy, 1987).

Children over 12 years of age usually are capable of disclosing abuse verbally. Therefore, a structured interview often suffices to describe the allegations. Although most children ages 5 to 12 are fairly able to communicate with words, fantasy play and the use of dolls are often helpful in assisting disclosure, especially in the demonstration of specific sexual activity for which the children lack accurate terminology or are reluctant to verbalize (Bentovim et al., 1988).

The use of fantasy play and of structured play, using dolls, are most important in interviewing children under the age of 5

years. These children "may have great difficulty in expressing real events in abstract words, either due to poor verbal skills, or to inhibition" (Bentovim et al., 1988, p. 89). The use of play materials lends itself to the re-enactment of the abusive experience, and even law enforcement investigators now recognize that the use of play is a more reliable and natural method of interviewing young children (Bentovim et al.).

Methods of interviewing depend on the age of the child, the purpose of the interview, and the training and philosophy of the interviewer. Although the initial reason for the preference is not clear, since 1977 (August & Forman, 1989) many interviewers have used anatomically correct dolls (ACDs) in structured interviews, especially with children under age 6. These dolls vary in size, color, and detail; but all "are explicit in that they have some identifiable representation of male and female sex parts" (Walker, 1988, p. 183). Wide-spread use of the dolls to provide information for evidence in suspected child sexual abuse cases has resulted in the need to enact legislation for detailing guidelines and permissibility of such evidence (August & Forman).

Advantages and Disadvantages of Using ACDs

Many types of dolls without genitals have been used over the years by mental health workers to interview children and to provide therapy for them. Since the introduction of ACDs,

mental health workers, who have discriminated against genitals, are now "in the rather ludicrous position of being able to base an opinion on children's reactions to dolls but not to dolls with genitals" (Yates & Terr, 1988a, p. 255).

It is thought that the use of ACDs may have some advantages over non-ACDs, especially in cases of suspected sexual abuse. Since the dolls are anatomically correct, children can provide their own names for body parts and demonstrate exact behaviors in which they have participated. In the cases of very young children, where fondling and digital penetration are common methods of abuse, dolls with oral, anal, and vaginal openings and individual, moveable fingers provide a way of illustrating the sexual activity. As noted previously, this is helpful when children lack verbal skills and/or are inhibited in describing sexual activity. Use of such props "is an important technique to elicit accurate recall without contaminating the interview with too many leading questions" (Walker, 1988, p. 182).

It is also assumed that observing children's behavior with ACDs provides useful information. Aggressive and avoidant behavior with the dolls, as well as a child's response to seeing the dolls undressed, are thought to provide information for assessing child sexual abuse (August & Forman, 1989). A study by Jampole and Weber (1987) indicates that children who have

been sexually abused demonstrate more sexual behaviors with ACDs than do non-abused children.

Other advantages include the belief that the fact that an interviewer has dolls with genitals gives a child permission to explore sexual topics. The ACDs are also "especially useful with children who are younger than age 3, retarded, very shy, or who speak a different language" (Yates & Terr, 1988a, p. 255).

Research to date indicates that there are also disadvantages in using ACDs. The primary disadvantage is that most people who use the dolls to interview suspected sexual abuse victims have very little or no training in the use of the dolls (Boat & Everson, 1988a; Boat & Everson, 1988b; Yates & Terr, 1988a) and have limited knowledge of child development and child behavior (Schor & Sivan, 1989; Sivan, Schor, Koeppl, & Noble, 1988). Interpretations of professionals vary since there is disagreement "on what constitutes normal curiosity and play behavior with the dolls" (Boat & Everson, 1988b, p. 172). A study by Bays (1990) indicates the need for professionals to have more factual information about anatomy. Many had incorrect perceptions of relative genital size and made wrong allegations that the ACDs had disproportionately large genitalia.

White et al. (1986) mention the disadvantages posed by the

"lack of structured procedures to guide the interview process and the lack of comparison data describing the responses of nonabused children" (p. 520) to the ACDs. These two problems have resulted in courts ruling that data gathered from ACD interviews are unacceptable (White et al.). Structured interview procedures help prevent interviewer bias.

Additional disadvantages stem from possible exposure of children to adult videos and adult cable television media (Yates & Terr, 1988a). It is difficult to determine if children have been exposed to such media and what knowledge children gain from such exposure. In fact it is very difficult to determine whether a child's knowledge about sex is gained from experience or other sources. Additional research is needed to determine whether these disadvantages can be overcome.

Suggested Additional Research

Numerous questions remain related to the use of ACDs. Many of these questions are raised by the judicial system which must address the validity and reliability of research related to ACDs if judicial evidence is based on such research. Other questions are raised by researchers, mental health workers, physicians, and child protective services workers. Donovan (1988), a child psychiatrist, maintains that ACDs are potentially countertherapeutic in that a child may be confused

by such strange dolls. Terr (Yates & Terr, 1988b) believes that the dolls indicate a demand for children to talk sex and create a vulnerability to suggestion.

Some of the research that compares sexually abused children's responses to the dolls with non-sexually abused children's responses needs to be replicated using larger samples. The question that remains with such research is how to be assured that the non-abused sample contains no children who have been abused. Additional developmental studies are needed to determine the parameters of normal exploratory and play behaviors of non-abused children (Boat & Everson, 1988b).

In 1988 Yates (Yates & Terr, 1988a) suggested a number of variables that remain to be explored which may affect the way a child responds to ACDs. These include duration of the examination; the format and location of the interview; the availability of other toys; the number of prior interviews, with or without a similar set of dolls; the training of the interviewer; the possible differences of male and female responses; responses which differ due to age; and the difference in responses based on varying family styles or living conditions.

In conclusion, it seems that ACDs will continue to be used extensively by interviewers of suspected child sexual abuse victims. There is some research that provides evidence of

differences in the responses of abused versus non-abused children to the dolls. The importance of structured interviews is substantiated by both experience and research. However, further research is needed in numerous areas of uncertainty.

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